

**Issue Classification**

~~\_\_\_\_\_~~  
(Assistant Examiner) (Date)

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(Legal Instruments Examiner) (Date)

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
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	27			57			87			147			177			207
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